

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services
CEMETERY REGULATION
P.O. Box 30018, Lansing, MI 48909
517-241-8070
www.michigan.gov/cemetery

FOR OFFICE USE ONLY	
Date Approved:	Approved by:
I.D. Number	

APPLICATION FOR PERMIT TO ESTABLISH A CREMATORY

AUTHORITY: P.A. 251 of 1968, as amended
COMPLETION: Mandatory
PENALTY: Failure to complete may result in denial of your application

FEE: \$500.00
FEE IS NON-REFUNDABLE

In addition to this application and fee, please submit the following documents:

- Zoning Approval
- Department of Environmental Quality Permit
- If a Corporation, (incorporated under PA 58 of 1915) a copy of the Articles of Incorporation.
- If a Limited Liability Company (LLC) a copy of the Articles of Organization and a copy of your Operating Agreement.

Check One: ☐ New Crematory ☐ Existing Crematory

Name of Proposed Crematory

Proposed Physical Location (Number, Street, City, State and Zip Code)

Township	Section Number	County
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Mailing Address (Number, Street, City, State and Zip Code)

If previously licensed, crematory name and registration number:

OWNERSHIP INFORMATION

Check Type of Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) (If a Corporation, attach a copy of your filed Articles of Incorporation and DBA documents) (If a Limited Liability Company, (LLC), attached a copy of the Articles of Organization and a copy of your Operating Agreement.)	Federal Identification Number
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Date of Incorporation	→	Incorporated Under Act No.
If incorporated in another state, please indicate which state:		You must obtain a Certificate of Authority to do Business in Michigan

Name of Contact Person

Mailing Address (Number, Street, City, State, and Zip Code)

Daytime Telephone ()	Fax Number ()	E-mail Address
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FEE PAYMENT INFORMATION	FOR OFFICE USE ONLY - VALIDATION
Crematory \$500.00 (22-01-01)	
Make your check or money order from a U.S. Financial Institution payable to: STATE OF MICHIGAN - CEMETERY	

CORPORATE OFFICER Information. Attach additional sheets, if necessary.

Name (Last, First, Middle)		Daytime Telephone ()
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone ()
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone ()
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone ()
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number

BOARD OF DIRECTORS Information. Attach additional sheets, if necessary.

Name (Last, First, Middle)		Daytime Telephone ()
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone ()
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone ()
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone ()
Complete Mailing Address (Number, Street, City, State and Zip Code)		
Title	Date of Birth	Social Security Number

SHAREHOLDER Information for each shareholder whose shares equals or exceeds 10%. Attach additional sheets, if necessary.			
Name (Last, First, Middle)		Daytime Telephone ()	
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Position Held	% of Stock Held	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone ()	
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Position Held	% of Stock Held	Date of Birth	Social Security Number
Name (Last, First, Middle)		Daytime Telephone ()	
Complete Mailing Address (Number, Street, City, State and Zip Code)			
Position Held	% of Stock Held	Date of Birth	Social Security Number
Have any individuals listed on this application ever been convicted of a felony or misdemeanor for which you could have gone to jail? <input type="checkbox"/> No <input type="checkbox"/> Yes - Do not give details at this time. The Department will contact you at a later date.			
Are the proposed stockholders, officers, directors or individual owners in any way connected with, or do they have an interest in, the operation of a funeral home or cemetery in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please give names and locations:			
Is the proposed crematory planning on any storage or burial inurnment of cremated remains? <input type="checkbox"/> No <input type="checkbox"/> Yes - Please explain:			
Will cremations be sold on a pre-need basis? <input type="checkbox"/> No <input type="checkbox"/> Yes		Will any cemetery merchandise (urns, etc.) be sold on a pre-need basis? <input type="checkbox"/> No <input type="checkbox"/> Yes	
CERTIFICATION			
The undersigned parties hereby certify that all of the representations, estimates, information and data, as presented in this application, are reasonably accurate to the best of our knowledge.			
For Individual Applicant:		Signature of Shareholders whose interest exceeds 10%	
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Individual Name	Date	Date	
For Corporation Applicant:		<hr/>	
<hr/>		Date	
President	Date	<hr/>	
<hr/>		Date	
Treasurer	Date	<hr/>	
<hr/>		Date	
Secretary	Date	<hr/>	
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